

# **Riders**

**Conference Committee on House Bill 1**

**2020-21 General Appropriations Bill**

**Article II - Health and Human Services**

**As of May 17, 2019**

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Community-based Care**

Prepared by LBB Staff, 05/03/2019

**Overview**

Amend Senate Rider 15 to change the date of the report from March 1 to March 31.

**Required Action**

On page II-11 of the Senate Committee Substitute for House Bill 1 Department of Family and Protective Services bill pattern, add the following rider:

15. **Community-based Care.** Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy B.1.2, CPS Program Support, the agency shall:
- a. Report selected performance measures identified by the Legislative Budget Board that will allow for comparative analysis between the legacy foster care and the Community-based Care systems. The report shall be prepared in a format specified by the Legislative Budget Board and shall be submitted March 31 and September 30 of each fiscal year of the biennium. The report shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate. The report shall also be posted on the agency's webpage in order to ensure transparency with stakeholders. The report shall contain: the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and related impact occurring in the Community-based Care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the Community-based Care system.
  - b. Ensure that all tasks, related FTEs, and associated funding to be transferred from DFPS to a Single Source Continuum Contractor (SSCC) are clearly identified and agreed upon by DFPS and the SSCC prior to each subsequent rollout.
  - c. Develop an annual progressive intervention plan and contingency plan for the continuity of foster care service delivery in the event that a Community-based Care contract is terminated. This plan should be published on the DFPS website prior to the first day of each fiscal year.

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Informational Listing and Limitations: Foster Care Rates**

Prepared by LBB Staff, 05/14/19

**Overview**  
Amend Senate Rider 26 to update funding amounts.

**Required Action**  
On page II-14 of the Senate Committee Substitute to House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

**26. Information Listing and Limitations: Foster Care Rates.** Amounts appropriated above in Strategy B.1.9, Foster Care Payments are intended to provide the following per child per day rate in fiscal year 2020 and fiscal year 2021:

- a. Basic Foster Family: \$27.07
- b. Basic Child Placing Agency: \$48.47
- c. Basic Residential: \$45.19
- d. Moderate Foster Family: \$47.37
- e. Moderate Child Placing Agency: \$85.46
- f. Moderate Residential: ~~\$103.03~~\$108.18
- g. Specialized Foster Family: \$57.86
- h. Specialized Child Placing Agency: \$109.08
- i. Specialized Residential Facility: \$197.69
- j. Intense Foster Family: \$92.43
- k. Intense Child Placing Agency: \$186.42
- l. Intense Residential Facility: \$277.37
- m. Intense Plus: \$400.72
- n. Treatment Foster Care: \$277.37
- o. Intensive Psychiatric Transition Program: \$374.33
- p. Emergency Care Services: ~~\$129.53~~\$137.30

Amounts appropriated above in Strategy B.1.9, Foster Care Payments, are intended to provide the following daily rates for Single Source Continuum Contractors:

- q. Region 3B: Blended Rate of \$86.24 and Exceptional Rate of \$490.75 in fiscal year 2020 and fiscal year 2021;
- r. Region 2: Blended Rate of \$85.72 and Exceptional Rate of \$460.37 in fiscal year 2020 and fiscal year 2021;
- s. Region 8A: Blended Rate of \$86.36 and Exceptional Rate of \$460.37 in fiscal year 2020 and fiscal year 2021; and

- t. All other regions: Blended Rate of \$84.03 in fiscal year 2020 and fiscal year 2021; Exceptional Rate of \$460.37 in fiscal year 2020 and fiscal year 2021.

Out of funds appropriated above in Strategy B.1.9, Foster Care Payments, the Department of Family and Protective Services (DFPS) is required to reimburse foster families at least \$27.07 per day per child during the 2020-21 biennium.

None of the funds appropriated above to the DFPS may be used to reimburse a provider for foster care services in an amount that exceeds the applicable foster care reimbursement rate, as established by the Health and Human Services Commission for a child at that service level, approved by the Legislative Budget Board and the Governor, unless DFPS is unable to locate a provider that is willing and able to provide a safe and appropriate placement at the applicable rate.

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Limitations: Community-based Care Payments**

Prepared by LBB Staff, 05/09/19

**Overview**

Amend Senate Rider 29 to add language from Rider 39 and language to require notification of need for additional funding for resource transfers.

**Required Action**

On page II-15 of the Senate Committee Substitute to House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

29. **Limitations: Community-based Care Payments.** (a) Included in amounts appropriated above in Strategies B.1.1, CPS Direct Delivery Staff, and B.1.9, Foster Care Payments, is \$224,629,320 in All Funds (\$134,948,911 in General Revenue) in fiscal year 2020 and \$238,995,410 in All Funds (\$140,082,572 in General Revenue) in fiscal year 2021 for Community-based Care in Regions 3B, 2, 8A, 1, and 8B as authorized by Family Code, Chapter 264. Funding shall be allocated as follows:

- (1) In Region 3B:
  - (A) \$42,681,962 in All Funds (\$19,513,997 in General Revenue) in fiscal year 2020 and \$42,384,743 in All Funds (\$19,108,498 in General Revenue) in fiscal year 2021 in Strategy B.1.9 for foster care payments;
  - (B) \$2,376,078 in General Revenue in fiscal year 2020 and \$2,365,997 in General Revenue in fiscal year 2021 in Strategy B.1.9 for network support payments; and \$1,207,820 in General Revenue in fiscal year 2020 and \$1,207,821 in General Revenue in fiscal year 2021 in Strategy B.1.9 for Stage II network support payments;
  - (C) \$3,126,001 in General Revenue each fiscal year of the 2020-21 biennium in Strategy B.1.1 for Stage 1 resource transfers;
  - (D) \$1,805,594 in All Funds (\$1,623,752 in General Revenue) in fiscal year 2020 and \$1,805,594 in All Funds (\$1,623,753 in General Revenue) in fiscal year 2021 in Strategy B.1.1, CPS Direct Delivery Staff for Stage II start-up costs;
  - (E) \$23,513,926 in All Funds (\$21,180,019 in General Revenue) in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for Stage II resource transfers; and

(F) \$3,827,262 in All Funds (\$3,441,818 in General Revenue) in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for additional Stage II resource transfers.

(2) In Region 2:

(A) \$22,909,833 in All Funds (\$10,112,768 in General Revenue) in fiscal year 2020 and \$22,977,539 in All Funds (\$10,070,503 in General Revenue) in fiscal year 2021 in Strategy B.1.9 for foster care payments;

(B) \$1,447,800 in General Revenue in fiscal year 2020 and \$1,463,000 in General Revenue in fiscal year 2021 in Strategy B.1.9 for network support payments; and \$988,136 in General Revenue in fiscal year 2020 and \$988,137 in General Revenue in fiscal year 2021 in Strategy B.1.9 for Stage II network support payments;

(C) \$828,455 in All Funds (\$745,021 in General Revenue) in fiscal year 2020 and \$828,456 in fiscal year 2021 (\$745,022 in General Revenue in Strategy B.1.1 for Stage II start-up;

(D) \$1,350,000 in General Revenue in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for resource transfers.

(E) \$1,745,398 in All Funds (\$1,581,417 in General Revenue) in fiscal year 2020 and \$1,745,397 in All Funds (\$1,581,417 in General Revenue) in Strategy B.1.1 for Stage II resource transfers; and

(F) \$3,000,000 in General Revenue in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for additional Stage II resource transfers.

(3) In Region 8A:

(A) \$60,220,994 in All Funds (\$26,582,512 in General Revenue) in fiscal year 2020 and \$60,398,103 in All Funds (\$26,471,037 in General Revenue) in fiscal year 2021 in Strategy B.1.9 for foster care payments;

(B) \$3,805,700 in General Revenue in fiscal year 2020 and \$3,845,600 in General Revenue in fiscal year 2021 in Strategy B.1.9 for network support payments; and \$1,940,850 in General Revenue in each fiscal year 2020-21 biennium in Strategy B.1.9 for Stage II network support payments;

(C) \$4,230,000 in General Revenue in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for resource transfers;

- (D) \$2,168,396 in All Funds (\$1,950,017 in General Revenue) in fiscal year 2020 and \$2,168,397 in fiscal year 2021 (\$1,950,017 in General Revenue) in Strategy B.1.1 for Stage II start-up;
  - (E) \$3,873,170 in All Funds (\$3,507,687 in General Revenue) in fiscal year 2020 and \$3,873,170 in All Funds (\$3,507,688 in General Revenue) in Strategy B.1.1 for Stage II resource transfers; and
  - (F) \$4,500,000 in General Revenue in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for additional Stage II resource transfers.
- (4) In Region I :
- (A) \$19,992,257 in All Funds (\$8,824,903 in General Revenue) in fiscal year 2020 and \$26,409,249 in All Funds (\$11,574,538 in General Revenue) in fiscal year 2021 in Strategy B.1.9 for foster care payments;
  - (B) \$1,228,872 in General Revenue in fiscal year 2020 and \$1,228,873 in General Revenue in fiscal year 2021 in Strategy B.1.9 for network support payments; and
  - (C) \$277,106 in All Funds (\$249,903 in General Revenue) in fiscal year 2020 and \$277,106 in All Funds (\$249,904 in General Revenue) in Strategy B.1.1 for resource transfers.
- (5) In Region 8B:
- (A) \$997,000 in General Revenue in fiscal year 2020 in Strategy B.1.1 for Stage 1 start-up;
  - (B) \$9,189,826 in All Funds (\$4,056,536 in General Revenue) in fiscal year 2020 and \$18,143,304 in All Funds (\$7,951,774 in General Revenue) in fiscal year 2021 in Strategy B.1.9 for foster care payments;
  - (C) \$863,103 in General Revenue in fiscal year 2020 and \$863,103 in General Revenue in fiscal year 2021 in Strategy B.1.9 for network support payments; and
  - (D) \$169,293 in All Funds (\$152,713 in General Revenue) in each fiscal year of the 2020-21 biennium in Strategy B.1.1 for resource transfers.
- (6) The amounts identified in subsections (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), and (b) shall be expended only for the specific purposes listed above and are not to be expended on any other item of appropriation without the prior written approval of the Legislative Budget Board and the Governor.

- (b) \$364,488 in General Revenue in fiscal year 2020 and \$364,489 in General Revenue in fiscal year 2021 in Strategy B.1.9, Foster Care Payments, for Child and Adolescent Needs and Strengths (CANS) assessments;
- (c) DFPS shall continue the use of an independent evaluation to complete process and outcome evaluations throughout the entire rollout and implementation of Community-based Care in each established catchment area. All evaluations shall be provided to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, and the Senate Committee on Health and Human Services.
- (d) DFPS shall also provide status reports on the implementation of CBC into Regions 1 and 8B and into Stage 2 in Regions 3B, 2, and 8A. Status reports shall be provided on October 1 and April 1 of each year to the Legislative Budget Board and the Governor.
- (e) DFPS shall make every effort to enter into efficient contracts with Single Source Continuum Contractors related to the transfer of case management functions. If funding identified in this rider is insufficient to move forward with contract execution, DFPS shall provide notification to the Legislative Budget Board and the Governor of the need for additional funding, including the reason(s) for the additional need, amounts, method of financing, and any available funding within DFPS's budget that could be used to address the need. Transfer of funding remains subject to other provisions in this Act.

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Texas Home Visiting Program and Nurse Family Partnership Program**

Prepared by LBB Staff, 05/03/19

**Overview**

Amend House Rider 32 to change funding amounts.

**Required Action**

On page II-17 of the Special Printing to House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

32.     **Texas Home Visiting Program and Nurse Family Partnership Program.**  
Included in amounts appropriated above to the Department of Family and Protective Services in Strategy C.1.5, Home Visiting Program, is:
- a.     ~~\$397,000~~~~\$1,397,000~~ in General Revenue Funds and \$16,176,334 in Federal Funds in fiscal year 2020, and ~~\$397,000~~~~\$1,397,000~~ in General Revenue Funds and \$16,176,334 in Federal Funds in fiscal year 2021 for services in the Texas Home Visiting Program; and
  - b.     ~~\$5,060,671~~~~\$4,615,760~~ in General Revenue Funds and ~~\$12,265,702~~~~\$12,265,549~~ in Federal Funds in fiscal year 2020, and ~~\$5,060,672~~~~\$4,615,760~~ in General Revenue Funds and ~~\$12,265,702~~~~\$12,265,549~~ in Federal Funds in fiscal year 2021 for services in the Nurse Family Partnership Program.
  - c.     Support costs for these programs are included in Strategy C.1.6, At-Risk Prevention Programs, and are not included in sections (a) through (b).

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Limitations: Substance Abuse Purchased Services Appropriations**

Prepared by LBB Staff, 05/03/19

**Overview**

Amend House Rider 36 remove the contingency, amend the due date of the plan and include the number of court ordered services for substance abuse and other purchased services.

**Required Action**

On page II-17 of the Senate Committee Substitute to House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

36.     ~~Appropriations above in Strategy B.1.7, Substance Abuse Purchased Services for fiscal year 2021 include \$7,000,000 in General Revenue that is contingent upon the Department of Family and Protective Services (DFPS) shall develop and implementing a plan to control costs and remain within appropriations for the 2020-21 biennium in Strategy B.1.7, Substance Abuse Purchased Services. The plan may include evaluating policies relating to the utilization of substance abuse purchased services to ensure they are appropriate and cost-effective and the re-procurement or renegotiation of contracts related to drug testing to ensure the best value for the state. DFPS shall also identify the total number of services that were purchased in Strategies B.1.4, Adoption Purchased Services, B.1.6, PAL Purchased Services, B.1.7 Substance Abuse Purchased Services and B.1.8, Other CPS Purchased Services, as well as the total number of substance abuse and other purchased services that were court ordered by strategy.~~

Not later than December 1, 2020, DFPS shall submit the plan to the Legislative Budget Board, and the Governor, ~~the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Speaker of the House, and the Lieutenant Governor.~~

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Proposed Rider Amendment**  
**Adult Protective Services (APS) and Statewide Intake (SWI) Salaries**

Prepared by LBB Staff, 05/08/19

**Overview**

Amend Rider 38 to include APS supervisors as eligible for salary increases.

**Required Action**

On page II-19 of the Senate Committee Substitute for House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

38. **Adult Protective Services (APS) and Statewide Intake (SWI) Salaries.** In order to increase employee retention, out of funds appropriated above in Strategy A.1.1, Statewide Intake and Strategy D.1.1, APS Direct Delivery Staff, the Department of Family and Protective Services shall direct funds for pay raises for APS caseworkers and supervisors, and SWI frontline staff to any rate within the employee's salary group range for appropriate merit increases and retention strategies.

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Rider Amendment**  
**Improved Outcomes Pilot**

Prepared by LBB Staff, 05/03/19

**Overview**

Amend Senate Rider 42 to change funding amounts.

**Required Action**

On page II-19 of the Senate Committee Substitute for House Bill 1 Department of Family and Protective Services bill pattern, amend the following rider:

42.     **Improved Outcomes Pilot.** Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services (DFPS) shall allocate \$100,000~~250,000~~ in General Revenue in each fiscal year to implement a pilot program aimed at improving outcomes for children at highest risk of re-entering the child protective services system. The pilot shall:
- a. be evidence-based or incorporate promising practices;
  - b. be implemented in a county with a population over 800,000; and
  - c. aim to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy and increase graduation rates over the span of the child's youth.

Not later than December 1, 2020, DFPS shall report to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services on the success of the pilot program in improving outcomes..

By: \_\_\_\_\_

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**Community-based Care Oversight Staff**

Prepared by LBB Staff, 05/08/19

**Overview**

Direct the Department of Family and Protective Services to use appropriations for oversight staff for the continued implementation of Community-based Care.

**Required Action**

On page II-XX of the Special Printing for House Bill 1 Department of Family and Protective Services bill pattern, add the following rider:

XX. **Community-based Care Oversight Staff.** Included in amounts appropriated above for the Department of Family and Protective Services in Strategies in Goal E, Indirect Administration, is \$5,508,111 in All Funds (\$4,966,563 in General Revenue and \$541,548 in Federal Funds) and included in the “Number of Full-time Equivalents” (FTE) is 12.0 FTEs in fiscal year 2020, and 44.0 FTEs in fiscal year 2021, for case management oversight staff in Regions 2 and 8A, a background check unit, and information technology (IT) technical support staff to assist in the implementation and oversight of Community-based Care into existing regions and new regions. The amounts identified for the “Number of Full-time Equivalents” is in addition to the 14.0 FTEs in each fiscal year related to the oversight of transferred foster care case management services in Region 3B.

By: \_\_\_\_\_

**Department of State Health Services, Article II**  
**Proposed Funding and Rider Amendment**  
**Increase Salaries for Trained Laboratory Staff**

Prepared by LBB Staff, 05/01/2019

**Overview**

Amend Senate Rider 29 to identify funding adopted to increase retention of trained laboratory staff.

**Required Action**

On page II-32 of the Senate Committee Substitute for House Bill 1 Department of State Health Services bill pattern, amend the following rider:

29. **Increase Salaries for Trained Laboratory Staff.** Included in the amounts appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) shall allocate \$1,885,420 ~~2,250,000~~ in General Revenue in each fiscal year of the 2020-21 biennium to increase retention of trained laboratory staff. DSHS shall direct funds for salary increases to trained laboratory staff, including chemists, data entry operators, laboratory technicians, microbiologists, molecular biologists, and medical technologists, with prioritization given to laboratory position classifications with the highest turnover rate.

By: \_\_\_\_\_

**Department of State Health Services, Article II**  
**Proposed Rider Amendment**  
**Maternal Mortality and Morbidity**

Prepared by LBB Staff, 05/16/2019

**Overview**

Amend House Rider 29 to remove contingency language and add language requiring the Department of State Health Services, in coordination with the Maternal Mortality and Morbidity Task Force to collect information relating to maternity care and postpartum depression.

**Required Action**

On page II-29 in the House Committee Substitute for House Bill 1 of the Department of State Health Services bill pattern, amend the following rider:

29. ~~**Contingency for Legislation Relating to Maternal Mortality and Morbidity.** Contingent on the enactment of legislation relating to combating maternal mortality and morbidity, by the Eighty-sixth Legislature, Regular Session, 2019, included in the amounts appropriated above to the Department of State Health Services is \$3,500,000 in General Revenue Funds each fiscal year of the 2020-21 biennium in Strategy B-1.1, Maternal and Child Health, to implement the provisions of the legislation, including implementation of maternal safety initiatives statewide, a community health care-coordination pilot for women of childbearing age, develop and train providers on use-of risk assessment tools, and increase public awareness and prevention activities. Included in the “Number of Full-Time-Equivalents (FTEs)” above is 8.0 FTEs each fiscal year.~~

Amounts appropriated above to the Department of State Health Services (DSHS) in Strategy B.1.1, Maternal and Child Health include the following in each fiscal year of the 2020-21 biennium:

- (a) \$1,330,000 in General Revenue and 6.0 FTEs to implement maternal safety initiatives statewide;
- (b) \$1,170,000 in General Revenue and 2.0 FTEs to develop and establish a high-risk maternal care coordination services pilot for women of childbearing age, which may include the following:
  - (1) Conducting a statewide assessment of training courses;
  - (2) Studying existing models of high-risk maternal care coordination services;
  - (3) Identifying, adapting, or creating a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes and train providers on use of the risk assessment tools; and
  - (4) Creating educational materials for promotoras or community health workers; and
- (c) \$1,000,000 in General Revenue to increase public awareness and prevention activities related to maternal mortality and morbidity.

Additionally, out of funds appropriated above, DSHS in coordination with the Maternal Mortality and Morbidity Task Force shall annually collect information relating to postpartum depression screening and treatment under state health programs administered by the Health and Human Services Commission, including Medicaid and Healthy Texas Women.

By: \_\_\_\_\_

**Department of State Health Service, Article II**  
**Proposed Rider Amendment**  
**Cost Analysis of Outbreak Involving Certain Vaccine Preventable Diseases**

Prepared by LBB Staff, 05/06/19

**Overview**

Amend House Rider 30 to remove details of study.

**Required Action**

On page II-31 of the House Committee Substitute for House Bill 1 of the Department of State Health Services bill pattern, amend the following rider:

30. **Cost Analysis of Outbreak Involving Certain Vaccine Preventative Diseases.** Out of the funds appropriated above, the Department of State Health Services (~~DSHS~~) shall study and assess the direct and indirect economic costs and costs to incurred by the department and local public health organizations ~~incurred~~ in responding to vaccine preventable diseases outbreaks. ~~The study shall include the direct costs associated with prophylaxis and treatment of exposed individuals in management of the outbreak. The study shall also include the indirect costs associated with the response phase of an outbreak, which may include factors such as: (1) staff hours expended by the department and local public health organizations to track and investigate the exposure and risk of each person that has been potentially exposed during the outbreak; (2) the value of hours spent for public outreach/education; (3) the impact on businesses relating to lost hours and absenteeism rates; (4) the impact on schools relating to dismissals or early childhood program closures; and (5) any other potential downstream impacts.~~ Not later than September 1, 2020, the department shall: (1) prepare all findings from the study; (2) submit the findings to the relevant House and Senate committees; and (3) submit the findings to the Public Health Funding and Policy Committee.

By: \_\_\_\_\_

**Department of State Health Services, Article II**  
**Proposed Rider Amendment**  
**Adult Safety Net Program**

Prepared by LBB Staff, 05/09/19

**Overview**

Amend House Rider 31 to remove approval language and to direct the Department of State Health Services to provide limitations on adult safety net vaccines to immunize Medicare-D patients.

**Required Action**

On page II-21 of the Committee Substitute for House Bill 1 of the Department of State Health Services bill pattern, amend the following rider:

31. **Adult Safety Net Program.** Out of the funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services (DSHS) may make available adult safety net vaccines to local health departments to immunize Medicare-D patients whose insurance does not cover the vaccine at the time of presentation at the local health department. DSHS may only make vaccines available if doing so will not result in need for additional funding or a reduction in vaccines provided to the uninsured adult population. To the extent possible, vaccines provided to Medicare-D patients shall be targeted to lower income persons.

~~Funds appropriated in Strategy A.2.1, Immunize Children and Adults in Texas, may not be expended to make available adult safety net vaccines for the purposes of this rider without prior written approval from the Legislative Budget Board and the Governor. Additional information requested by the Legislative Budget Board related to this approval shall be provided in a timely manner and shall be prepared in a format specified by the Legislative Budget Board. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House of Representatives, and Lieutenant Governor. Any request for additional information from the LBB shall interrupt the counting of the 30 business days.~~

By: \_\_\_\_\_

**Department of State Health Services, Article II**  
**Proposed House Rider Amendment**  
**Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds**

Prepared by LBB Staff, 05/13/2019

**Overview**

Amend House Rider 32 to appropriate the Department of State Health Services \$1.7 million in Permanent Tobacco Funds.

**Required Action**

On page II-31 in the House Committee Substitute for House Bill 1 of the Department of State Health Services bill pattern, amend the following rider:

32. **Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds.** Included in the amounts appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement (Account No. 5044), Permanent Fund for Children and Public Health (Account No. 5045), and Permanent Fund for Emergency Medical Services and Trauma Care (Account No. 5046) is \$850,000 ~~an amount estimated to be \$0~~ in each fiscal year of the 2020-21 biennium from available earnings ~~interest earned~~ from the funds, collected after September 1, 2019 as follows:

- (a) \$424,993 in each fiscal year in General Revenue – Dedicated Account No. 5044 in Strategy A.3.2, Reduce Use of Tobacco Products for tobacco prevention education;
- (b) \$212,504 in each fiscal year in General Revenue – Dedicated Account No. 5045 in Strategy A.1.1, Public Health Preparedness and Coordinated Services for regional and local health services; and
- (c) \$212,503 in each fiscal year in General Revenue – Dedicated Account No. 5046 in Strategy B.2.1, Emergency Medical Services and Trauma Care for EMS system development.

~~Revenue collected in excess of the amounts estimated above is appropriated to the Department of State Health Services (DSHS), contingent on certification by a Comptroller's finding of fact that additional revenue is available for appropriation in Account No. 5044, Account No. 5045, and Account No. 5046 for the given fiscal year.~~

In the event that amounts available for distribution or investment returns as determined by the Comptroller of Public Account under Government Code §403.1068, of the Permanent Fund for Health and Tobacco Education and Enforcement, Permanent Fund for Children and Public Health, and Permanent Fund for Emergency Medical Services and Trauma Care are less than the amounts appropriated above, this Act may not be construed as appropriating funds to make up the difference.

Any unexpended balances remaining as of August 31, 2020 from the appropriations made in this rider are appropriated to the Department of State Health Services (DSHS) for the fiscal year beginning September 1, 2020 for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

By: \_\_\_\_\_

## **Health and Human Services Commission, Article II**

### **Proposed Technical Adjustment**

### **Limitations on Transfer Authority**

Prepared by LBB Staff, 04/30/2019

#### **Overview**

Amend Health and Human Services Commission House Rider 97/Senate Rider 94, Limitations on Transfer Authority, to allow HHSC to make certain transfers related to contingency contracts in excess of \$1,000,000 or 20.0 percent of the originating item of appropriation with notification only.

#### **Required Action**

On House pages II-77 through II-79 and Senate pages II-74 through II-77 of the Health and Human Services Commission bill pattern, amend the following rider:

#### **97/94. Limitations on Transfer Authority.**

(a) **Limitations on Transfers for Goal A, Medicaid Client Services, and Goal C, CHIP Client Services.**

- (1) Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, and Article II, Special Provisions § 6, Limitations on Transfer Authority, funds appropriated by this Act to the Health and Human Services Commission (HHSC) for the following goals shall be governed by the specific limitations included in this subsection.

- (A) **Goal A, Medicaid Client Services.** Transfers may be made between strategies in Goal A, Medicaid Client Services (excluding Strategies A.3.1, Home and Community-based Services; A.3.2, Community Living Assistance (CLASS); A.3.3, Deaf-Blind Multiple Disabilities; A.3.4, Texas Home Living Waiver; and A.3.5, All-Inclusive Care-Elderly), subject to the notification requirements in subsection (a)(2) of this rider. Transfers may not be made to strategies in Goal A, Medicaid Client Services, from strategies in other goals nor from strategies in Goal A, Medicaid Client Services, to strategies in other goals without prior written approval from the Legislative Budget Board and the Governor pursuant to subsection (a)(3) of this rider.

- (B) **Community Care Waivers and Other Medicaid Non-Entitlement Services (Goal A).** Transfers may not be made between strategies listed in this subsection, and may not be made to or from strategies listed in this subsection without prior written approval from the Legislative Budget Board and the Governor pursuant to subsection (a)(3) of this rider.

A.3.1, Home and Community-based Services;  
A.3.2, Community Living Assistance (CLASS);  
A.3.3, Deaf-Blind Multiple Disabilities;  
A.3.4, Texas Home Living Waiver; and  
A.3.5, All-Inclusive Care-Elderly.

- (C) **Goal C, CHIP Client Services.** Transfers may be made between strategies in Goal C, CHIP Client Services, subject to the notification requirements in subsection (a)(2) of this rider. Transfers may not be made to strategies in Goal C, CHIP Client Services, from strategies in other goals nor from strategies in Goal C, CHIP Client Services, to strategies in other goals without prior written approval from the

Legislative Budget Board and the Governor pursuant to Subsection a)(3) of this rider.

- (2) **Notification Requirements.** Authority granted by this subsection to transfer funds without written approval is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 business days prior to the transfer, and shall include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
- (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

- (3) **Requests for Transfers that Require Approval.** To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts (CPA). The request shall include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (B) the names of the originating and receiving strategies and the method of financing for each strategy by fiscal year; and
- (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies.

- (4) **Cash Management.** Notwithstanding the above limitations, HHSC may temporarily utilize funds appropriated in Goals A, Medicaid Client Services and C, CHIP Client Services, for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the CPA.

The CPA shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the CPA that the requirements of this provision have not been satisfied.

- (b) **Limitations on Transfers within/between Other Goals.** Notwithstanding Article IX, § 14.01, Appropriation Transfers, and Article IX, § 14.03, Transfers - Capital Budget, HHSC is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority between strategies, subject to the following requirements:

- (1) Authority granted by this subsection to transfer funding, FTEs, or capital budget authority is contingent upon a written notification from HHSC to the Legislative Budget Board and the Governor at least 30 business days prior to the transfer. Notification provided under this subsection must include the following information:

- (A) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (B) the names of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (C) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
- (D) the capital budget impact.

(2) Notwithstanding Article II, Special Provisions § 6, Limitations on Transfer Authority, Article IX, §14.01, Appropriations Transfers, Article IX, § 14.03, Transfers - Capital Budget, and subsection (b)(1) of this rider, any transfers that exceed the lesser of \$1,000,000 or 20.0 percent of the originating strategy in either fiscal year; FTE adjustments of more than 10.0 FTEs in either fiscal year; capital budget authority that exceeds \$100,000; or transfers in any amount into or out of: (1) Strategies in Goal B, Medicaid and CHIP Contracts and Administration; (2) Strategy D.1.1, Women's Health Programs; (3) Strategy D.1.3, ECI Services; (4) Strategy D.1.4, ECI Respite and Quality Assurance; (5) Strategy D.1.6, Autism Program; (6) Strategy F.3.2, Child Advocacy Programs; (7) Strategy G.1.1, State Supported Living Centers; and (8) Strategies in Goal L, Enterprise Oversight and Policy, are subject to the prior written approval of the Legislative Budget Board and the Governor.

(A) To request a transfer, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (i) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (ii) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (iii) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and receiving strategies; and
- (iv) the capital budget impact.

(3) Notwithstanding subsection (b)(2) of this rider, transfers may be made between strategies in Goal L, HHS Enterprise Oversight and Policy. HHSC shall provide notification of all transfers pursuant to subsection (b)(1) of this rider.

(4) Notwithstanding subsection (a)(1)(A) and subsection (b)(2) of this rider, and contingent on revenues generated from certain contingency or Recovery Audit Contractor based contracts in the Medicaid program exceeding the amounts assumed in appropriations above as Medicaid Subrogation Receipts Account No. 8044 in Strategy A.1.5, Children, transfers may be made from Strategy A.1.5, Children, to Strategy B.1.1, Medicaid Contracts & Administration, solely to provide for an increase in contingency fees for a contract resulting from higher than anticipated revenue collections. This authority is limited to contracts that result in revenue collections that are deposited as Medicaid Subrogation Receipts Account No. 8044 and shall not be used to increase the percentage of revenue collections retained by a contractor pursuant to existing contracts and applicable state and federal law. HHSC shall provide written notification of all transfers to the Legislative Budget Board and the Governor within 30 calendar days of making a transfer.

(5) In addition to the notice required by this subsection, the total of all transfers from a strategy may not exceed the lesser of \$1,000,000 or 20.0 percent of the originating item of appropriation for funding for the fiscal year without prior written approval of the Legislative Budget Board and the Governor. The approval requirement contained in this subsection does not apply to transfers to which subsection (b)(4) also applies.

(c) In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Rider Amendment

#### Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental

#### Transfers

Prepared by LBB Staff, 05/09/2019

#### Overview

Amend Senate Rider 137, Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental Transfers, to include information related to mandatory payments to Local Provider Participation Funds.

#### Required Action

On Senate page II-90 of the Health and Human Services Commission bill pattern, amend the following rider:

**137. Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental Transfers.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall report certain financial and expenditure information regarding supplemental payment programs, including, but not limited to, the Disproportionate Share Hospital (DSH) program, the Uncompensated Care (UC) Pool, the Delivery System Reform Incentive Payment (DSRIP) Pool, the Network Access Improvement Program (NAIP), supplemental payments where the source of the non-federal share is Local Provider Participation Funds (LPPF), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, and any successor programs. In addition, HHSC shall gather information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use.

(a) HHSC shall report quarterly:

- 1) Prospective payment estimates, aligning estimated payments reporting with the CMS-37. The report will include a prospective certification that the requisite matching state and local funds are, or will be, available for the certified quarter. The quarterly financial report provides a statement of the state's Medicaid funding requirements for a certified quarter through summary data by each program; and
  - 2) Expenditures made in the previous quarter, aligning expenditure reporting with the CMS- 64. The report will include actual expenditures allowable under state and federal requirements. HHSC will report the recipients of all funds distributed by the commission for all supplemental payment programs. The report shall include:
    - i. the recipients of funds by program;
    - ii. the amount distributed to each recipient; ~~and~~
    - iii. the date such payments were made; ~~and~~
    - iv. all mandatory payments to an LPPF, including the amounts for each particular use.
- (b) Intergovernmental transfers (IGTs) of funds from institutions of higher education are appropriated to HHSC for the non-federal share of uncompensated care or delivery system reform incentive payments or monitoring costs under the Healthcare Transformation and Quality Improvement Program 1115 Waiver.

- (c) In an effort to maximize the receipt of federal Medicaid funding, HHSC is appropriated and may expend IGT received as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for programs HHSC administers for other entities.
- (d) From funds appropriated elsewhere in the act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report that annually by June 30 to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the Senate Finance Committee members, the House Appropriations Committee members, and the Legislative Budget Board.
- (e) HHSC will use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching Federal Funds and to provide the state's share of disproportionate share payments and uncompensated care payments authorized under the federal Healthcare Transformation and Quality Improvement Waiver, excluding payments for physicians, pharmacies, and clinics, due to state-owned hospitals. Any amounts of such transferred funds not required for these payments shall be deposited by HHSC to the General Revenue Fund as unappropriated revenue. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.
- (f) By October 1 of each fiscal year, HHSC shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board.
- (g) HHSC shall also evaluate the impact of reductions in funding available under the federal Healthcare Transformation and Quality Improvement Waiver. HHSC shall report on the evaluation and findings to the Governor, the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the members of the Senate Finance Committee and House Appropriations Committee by October 1, 2020.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Rider Amendment**  
**Hospital Payments**

Prepared by LBB Staff, 05/09/2019

**Overview**  
Amend House Rider 13, Hospital Payments, to conform with funding decisions.

**Required Action**  
On page II-50 of the Health and Human Services Commission bill pattern, amend the following rider:

- 13. Hospital Payments.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in all Strategies in Goal A, Medicaid Client Services, is ~~\$67,974,934~~ \$57,971,931 in General Revenue Funds, \$100,471,474 in Interagency Contracts, and ~~\$259,838,835~~\$244,412,951 in Federal Funds (~~\$428,282,240~~ \$402,856,356 in All Funds) in fiscal year 2020 and ~~\$64,941,121~~\$54,941,121 in General Revenue Funds, \$100,471,474 in Interagency Contracts, and ~~\$268,399,613~~ \$252,173,545 in Federal Funds (~~\$433,812,208~~ \$407,586,140 in All Funds) in fiscal year 2021 to provide Medicaid hospital add-on payments for trauma care and safety-net hospitals and add-on payments and rate increases for rural hospitals as follows:
- (a) \$70,794,000 in Interagency Contracts and \$109,206,000 in Federal Funds in fiscal year 2020 and \$68,634,000 in Interagency Contracts and \$111,366,000 in Federal Funds in fiscal year 2021 for trauma care;
  - (b) \$29,317,526 in General Revenue Funds, \$29,677,474 in Interagency Contracts, and \$91,005,000 in Federal Funds in fiscal year 2020 and \$25,357,526 in General Revenue Funds, \$31,837,474 in Interagency Contracts, and \$92,805,000 in Federal Funds in fiscal year 2021 for safety-net hospitals;
  - (c) \$11,799,000 in General Revenue Funds and \$18,201,000 in Federal Funds in fiscal year 2020 and \$11,439,000 in General Revenue Funds and \$18,561,000 in Federal Funds in fiscal year 2021 for rural hospitals to maintain increases and add-ons related to general outpatient reimbursement rates, outpatient emergency department services that do not qualify as emergency visits, the outpatient hospital imaging services fee schedule, and the outpatient clinical laboratory services fee schedule;
  - (d) \$11,484,360 in General Revenue Funds and \$17,715,640 in Federal Funds in fiscal year 2020 and \$12,773,550 in General Revenue Funds and \$20,726,450 in Federal Funds in fiscal year 2021 for rural hospitals to increase inpatient rates by trending forward from 2013 to 2020 using an inflationary factor; and
  - (e) ~~\$15,371,045~~ \$5,371,045 in General Revenue Funds and ~~\$23,744,195~~ \$8,285,311 in Federal Funds in fiscal year 2020 and ~~\$15,371,045~~ \$5,371,045 in General Revenue Funds and ~~\$24,941,163~~ \$8,715,095 in Federal Funds in fiscal year 2021 for rural hospitals to provide increases to inpatient rates in addition to those identified in subsection (d).

HHSC shall develop a methodology to implement the add-on payments pursuant to funding identified in subsection (b) that targets the state's safety-net hospitals, including those hospitals that treat high percentages of Medicaid and low-income, uninsured patients. Total reimbursement for each hospital shall not exceed its hospital specific limit.

For purposes of subsections (c), (d), and (e), rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA. No reimbursement may exceed the hospital specific limit and reimbursement for outpatient emergency department services that do not qualify as emergency visits may not exceed 65 percent of cost.

To the extent possible, HHSC shall ensure any funds identified in this rider that are included in Medicaid managed care capitation rates are distributed by the managed care organizations to the hospitals. The expenditure of funds identified in this rider that are not used for targeted increases to hospital provider rates as outlined above shall require the prior written approval of the Legislative Budget Board.

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Medicaid Therapy Services Reporting**

Prepared by LBB Staff, 05/09/2019

By: \_\_\_\_\_

**Overview**

Amend House Rider 17, Medicaid Therapy Services Reporting, to include resolution of appeals, require the Health and Human Services Commission to ensure standard data reporting, and use feedback obtained from stakeholders.

**Required Action**

On House page II-26 of the Health and Human Services Commission bill pattern, amend the following rider:

17. **Medicaid Therapy Services Reporting.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall submit, on a quarterly basis, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:
- (a) Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
  - (b) Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
  - (c) Provider and member appeals by disposition received by HHSC Health Plan Management, and resolution of the appeals;
  - (d) The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
  - (e) The utilization of pediatric acute care therapy services by therapy type and provider type;
  - (f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
  - (g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the quarterly reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board no later than 30 days after the end of each fiscal quarter. HHSC shall ~~use a standardized, statistically valid and reliable process to obtain all data used in the report and shall ensure that any sample data included is representative of the statewide population of therapy clients and providers by type~~ensure standardized collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from ~~an industry workgroup~~relevant stakeholders.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider Amendment**  
**Cost Containment**

Prepared by LBB Staff, 05/16/2019

**Overview**

Amend Senate Rider 19, Health and Human Services Cost Containment, to amend the report due date and to add additional requirements.

**Required Action**

On Senate page II-52 of the Health and Human Services Commission bill pattern, amend the following rider:

**19. Health and Human Services Cost Containment.** The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the 2020-21 biennium throughout the health and human services system. These initiatives shall include increasing fraud, waste, and abuse prevention and detection; seeking to maximize federal flexibility under the Medicaid program in compliance with Government Code, Chapter 537; and achieving other programmatic and administrative efficiencies. HHSC shall provide an annual ~~plereport~~ report on the implementation of cost containment initiatives to the Legislative Budget Board ~~to implement cost containment initiatives~~ by December 1, ~~2019~~. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration or services.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Office of Inspector General: Managed Care Organization Performance, Reporting Requirement**

Prepared by LBB Staff, 05/06/2019

**Overview**

Amend Senate Rider 73, Office of Inspector General: Managed Care Organization Performance, Reporting Requirement, to require the OIG to report on certain information related to efforts to combat fraud, waste, and abuse in Medicaid managed care.

**Required Action**

On H-64 of the Health and Human Services Commission bill pattern, add the following rider:

**73. Office of Inspector General: Managed Care Organization Performance, Reporting Requirement.**

**(a)** ~~Out of funds appropriated above in Strategy K-1-1, Office of the Inspector General, K.1.2, OIG Administrative Support, the Office of Inspector General (OIG) shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to continue to review cost avoidance and waste prevention activities employed by MCOs throughout the state, as well as OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs. The review shall include:~~

1. ~~the strategies MCOs are implementing to prevent waste, including, but not limited to recovering overpayments, reducing Potentially Preventable Events (PPE), and conducting internal monitoring and audits;~~
2. ~~The review shall also consider the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions:~~
  3. ~~The allocation of resources for activities that directly or indirectly contribute to the prevention, detection, audit, inspection, or review of fraud, waste, and abuse in Medicaid managed care programs, including:~~
    - A. ~~Actual expenditures for fiscal year 2020 and planned expenditures for fiscal year 2021;~~
    - B. ~~Actual allocation of FTEs for fiscal year 2020 and the planned allocation of FTEs for fiscal year 2021 grouped by type of activity; and~~
    - C. ~~Any other information relevant to assess the percentage of resources used to perform activities related to Medicaid managed care relative to other OIG activities.~~
  4. ~~The total incidence of fraud, waste, and abuse identified by the OIG in Medicaid managed care programs by entity, including Medicaid recipients, providers, managed care organizations, or hospitals; and~~
- b. ~~The Office of Inspector General shall submit a report to the Legislative Budget Board and the Governor by March 1, 2020, detailing the information related to OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs, as well as its findings and recommendations related to cost~~

avoidance and waste prevention activities, employed by MCOs.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Rider Amendment Community Attendant Workforce Development Strategies

Prepared by LBB Staff, 05/10/2019

#### Overview

Amend House Health and Human Services Commission (HHSC) Rider 119, Community Attendant Workforce Development Strategies, to include additional information

#### Required Action

On House page II-86 of the Health and Human Services Commission bill pattern, amend the following rider:

**119. Community Attendant Workforce Development Strategies.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall develop ~~and implement~~ strategies to recruit, retain, and ensure adequate access to the services of community attendants.

- (a) These strategies shall include the following:
- (1) Gathering comprehensive data regarding ~~community attendant turnover and retention~~ attendants providing home and community-based services in both fee-for-service and managed care, including:
    - (A) number of attendants;
    - (B) turnover rates for attendants;
    - (C) vacancy rates for attendants;
    - (D) number of attendants paid at the base wage rate;
    - (E) number of attendants paid above the base wage rate; ~~and~~
    - (F) average wage rate in the lowest-paying programs
    - (G) historic wage levels in Texas community care, adjusted for inflation;
    - (H) any financial incentives that are passed directly to community attendants
    - (I) factors that impact access to reliable attendant care;
    - (J) average cost of community care as compared to nursing facility care; and
    - (~~FK~~) any other data the agency deems necessary to develop a plan to describe improve recruitment and retention of the community attendants workforce and inform the Legislature about the challenges facing the provision of community attendant services.
  - (2) Estimating the demand for community attendant services utilizing demographic trends and any other necessary information and the required community attendant workforce capacity required to meet that demand for the period from fiscal year 2022 to fiscal year 2031.
  - (~~23~~) Convening a cross-agency forum to develop a state workforce development strategic plan for retention and recruitment of community attendants. The plan shall include;

- (A) recommendations for the Legislature to consider related to potential dedicated sources of funding for community attendants;
- (B) ways to increase the use of consumer directed services;
- (C) innovative ideas for recruitment and retention of community attendants, which may include the following:
  - (i) wage and benefit incentives;
  - (ii) quality-based payment systems in managed care;
  - (iii) training people with disabilities to be community attendants;
  - (iv) options to develop internships for students in health-related fields such as medicine, nursing, occupational therapy, physical therapy, and others; and
  - (v) recruiting retired seniors to work as community attendants.
- ~~(3) Directing Medicaid managed care organizations to prioritize the development of quality-based payment systems to improve the quality of and access to community-attendant services for members. The payment systems shall:~~
  - ~~(i) Improve recruitment and retention of community attendants;~~
  - ~~(ii) Ensure financial incentives are passed directly to community attendants; and~~
  - ~~(iii) Increase members' ability to make informed choices about their care.~~
- (b) HHSC may conduct implement surveys or other methods as necessary to collect the data described in subsection (a)(1) if it is not available from existing sources.
- (c) In developing the strategic plan, HHSC shall work in consultation with the Aging and Disability Resource Center Advisory Committee, State Medicaid Managed Care Advisory Committee, Texas Council on Consumer Direction, and any other advisory committees and stakeholders as determined by the Executive Commissioner of HHSC.
- (d) HHSC shall submit the strategic plan and recommendations for implementation of the plan by November 1, 2020 to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services. ~~an annual report by November 1, 2020, to the Legislative Budget Board and the Governor's Office reflecting actual expenditures, cost savings, and accomplishments implementing recruitment and retention strategies for community attendants.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Expansion of Community Services**

Prepared by LBB Staff, 05/17/2019

**Overview**

Amend Senate Rider 127, Expansion of Community-based Services, to authorize HHSC to allocate funding for Home and Community-based Services waiver slots identified in the rider for the Promoting Independence Initiative.

**Required Action**

On Senate page II-86 of the Health and Human Services Commission bill pattern, amend the following rider:

**127. Expansion of Community-based Services.**

- (a) Appropriations made above to the Health and Human Services Commission (HHSC) for the purpose of reducing interest lists include \$24,792,919 in General Revenue (\$66,661,790 in All Funds) for the following additional waiver slots:
  - (1) 60 Medically Dependent Children's Program slots;
  - (2) 240 Community Living and Support Services slots;
  - (3) 1,320 Home and Community-based Services (HCS) slots; and
  - (4) 8 Deaf-Blind Multiple Disabilities slots.
- (b) All waiver slots identified in subsection (a) are end-of-year targets for fiscal year 2021. Appropriations assume equal rollout throughout the 2020-21 biennium. HHSC shall take any action necessary to ensure that persons are enrolled in waiver services as intended by appropriations and shall provide a plan for achieving this goal. The plan shall be submitted by October 1, 2019, and progress reports related to achieving enrollment goals shall be submitted on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify the number of persons enrolled in each type of slot, planned enrollment for the remainder of the 2020-21 biennium, any issues with enrollment identified by the agency, and how the agency plans to address those issues to achieve the targets by the end of fiscal year 2021. The plan and subsequent progress reports shall be submitted to the Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.
- (c) Notwithstanding Special Provisions Relating to All Health and Human Services Agencies, Sec. 4(c), Limitations on Use of Available General Revenue Funds, in the event that increased Federal Funds become available due to availability of enhanced match under the Money Follows the Person demonstration, HHSC may expend the General Revenue Funds made available to further reduce interest lists in the strategies where the funds are made available.
- (d) HHSC may consider factors such as length of time on the interest list, size of interest list, demographics, average cost, and crisis stabilization in providing services to interest list clients on a program-specific basis.
- (e) It is the intent of the legislature that HHSC continue to promote diversion and transition from institutions. If HHSC determines that a sufficient unmet need

exists. HHSC may allocate funding provided for HCS pursuant to subsection (a) of this rider to serve individuals through the Promoting Independence Initiative.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Senate Rider 128, Early Childhood Intervention Funding Maximization**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend Senate Rider 128, Early Childhood Intervention Funding Maximization, to add an additional strategy the Health and Human Services Commission may include in the plan.

**Required Action**

On Senate page II-87 of the Health and Human Services Commission bill pattern, amend the following rider:

128. **Early Childhood Intervention Funding Maximization.** Out of funds appropriated above in Strategy D.1.4, ECI Respite and Quality Assurance, the Health and Human Services Commission (HHSC) shall develop a plan for maximizing funding available to providers of early childhood intervention (ECI) services. Strategies in the plan may include:
- (a) Evaluating the Medicaid rate for Specialized Skills Training;
  - (b) Restructuring ECI provider contracts to ensure expenditure of ECI appropriations, which may include adjusting the maximum reimbursable value to allow expenditure of appropriated funds for quality or incentive payments to ECI providers;
  - (c) Coordinating with the Texas Education Agency to explore the feasibility of drawing down additional Federal Funds to be transferred to HHSC for ECI services; ~~and~~
  - (d) Working with the Centers for Medicare and Medicaid Services and any other federal partners to identify additional opportunities to access federal funds to support the ECI program; and
  - (e) Any additional strategies identified by HHSC.

HHSC shall submit the plan by September 1, 2019, and progress reports related to maximizing funding available to providers of ECI services on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify strategies HHSC has implemented and the impact of the strategies; strategies HHSC plans to implement and a timeframe for implementation; and any challenges in maximizing funding available to providers of ECI services identified by the agency. The plan and subsequent progress reports shall be submitted to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Transition of Day Habilitation Services**

Prepared by LBB Staff, 5/9/2019

**Overview**

Amend Senate Rider 129, Transition of Day Habilitation Services, to require the Health and Human Services Commission to include additional requirements in the plan related to replacement of day habilitation services, and to have the plan be considered approved unless the Legislative Budget Board and Governor issues a written disapproval.

**Required Action**

On Senate page II-87 of the Health and Human Services Commission bill pattern, amend the following rider:

**129. Transition of Day Habilitation Services.** Out of funds appropriated above in Strategy

B.1.1, Medicaid Contracts & Administration, and in accordance with state and federal laws and regulations, the Health and Human Services Commission (HHSC) shall develop a plan to replace current day habilitation services in waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community. HHSC shall submit the plan, including recommendations and an estimate of fiscal impact, by January 1, 2021 to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Finance Committee and House Appropriations Committee. The plan shall be based upon the most recent caseload and cost forecast submitted pursuant to Special Provisions, §8. Caseload and Expenditure Reporting Requirements and the most recent guidance available from the Centers for Medicare and Medicaid Services. The plan shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 15 business days.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**House Rider 135, Healthy Texas Women Cost Reimbursement Program**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Rider 135, Healthy Texas Women Cost Reimbursement Program, to allow the Health and Human Services Commission to expend appropriations in Strategy D.1.1, Women’s Health Program, on the Healthy Texas Women Cost Reimbursement program.

**Required Action**

On House page II-91 of the Health and Human Services Commission bill pattern, amend the following rider:

135. ~~Healthy Texas Women Cost Reimbursement Program. Included in amounts Out of funds appropriated above in Strategy D.1.1, Women’s Health Programs, is \$15,000,000 in General Revenue in each fiscal year for the Health and Human Services Commission (HHSC) to may operate the Healthy Texas Women (HTW) Cost Reimbursement program if HHSC is able to do so without exceeding All Funds appropriations.~~
- (a) Not more than five percent of funds appropriated ~~for~~expended on the HTW Cost Reimbursement program shall be expended on providers’ administrative functions;
- (b) ~~HHSC shall not expend amounts in excess of \$15,000,000 each fiscal year on the HTW Cost Reimbursement program; and~~
- (c) ~~Contingent upon prior notification to the Legislative Budget Board and the Governor, HHSC may utilize funds appropriated for the HTW Cost Reimbursement program to provide services in the HTW Fee for Service program or other client service program within Strategy D.1.1, Women’s Health Programs, if the agency determines that doing so would more effectively connect clients to care.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Delivery System Reform and Incentive Payment Projects**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Rider 139, Cost Effectiveness of Delivery System Reform and Incentive Payment Projects, to amend reporting requirements.

**Required Action**

On page II-92 of the House bill pattern, amend the following rider:

139.

**Cost Effectiveness of Delivery System Reform and Incentive Payment**

~~Projects Program.~~ Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Admin, the Health and Human Services Commission (HHSC) shall ~~evaluate the cost effectiveness of all~~ report on the outcomes achieved by providers in the Delivery System Reform and Incentive Payment (DSRIP) ~~projects program.~~ HHSC's report must provide the following for demonstration years 7 and 8:

- (a) describe the measure bundles and measures selected by performing providers;
- (b) describe the core activities associated with the measure bundles and measures selected by performing providers;
- (c) describe performing providers' performance on their selected measure bundles and measures;
- (d) identify the core activities that are associated with successful performing provider performance on measure bundles and measures;
- (e) include a summary of the final costs and savings reports;
- (f) identify core activities with a positive return on investment based on final cost and savings reports; and
- (g) identify the amount of DSRIP funds earned by each type of performing provider.

~~HHSC shall report on the evaluation and findings and make a recommendation on whether or not the state should continue to provide funding to each DSRIP project after the dissemination of federal financial participation submit the report to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by October December 1, 2020.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Rider Amendment**  
**Home Delivered Meals**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Rider 142, Home Delivered Meals Program, to conform with funding decisions.

**Required Action**

On House page II-93 of the Health and Human Services Commission bill pattern, amend the following rider:

- 142. Home Delivered Meals Program.** Included in amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, is ~~\$3,894,973~~\$3,000,000 in General Revenue in each fiscal year of the 2020-21 biennium to increase the maximum rate for Home Delivered Meals to ~~\$5.42~~\$5.31 per meal.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Long-acting Reversible Contraceptive Devices**

Prepared by LBB Staff, 05/16/2019

**Overview**

Amend House Rider 143, Transfer of Unused Long-acting Reversible Contraceptive Devices, to include language requiring HHSC to, contingent upon approval by the Centers for Medicare and Medicaid Services of the HTW Section 1115 Demonstration waiver, work with CMS to determine if bulk purchasing of LARCs can be added to the waiver.

**Required Action**

On House page II-93 of the Health and Human Services Commission bill pattern, amend the following rider:

**143. ~~Transfer of Unused Long-acting Reversible Contraceptive Devices.~~**

(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Admin, and Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall coordinate with the State Board of Pharmacy to determine the feasibility of implementing a process in which unused long-acting reversible contraceptive (LARC) devices prescribed for clients enrolled in Medicaid or the Healthy Texas Women (HTW) program can be transferred to another Medicaid or HTW client. If feasible and cost effective, HHSC, ~~with prior written approval from the Legislative Budget Board and Governor,~~ may implement the process.

(b) Contingent upon approval by the Centers for Medicare and Medicaid Services (CMS) of the HTW Section 1115 Demonstration Waiver, HHSC shall work with CMS to determine if LARC bulk purchasing can be added to the waiver and receive federal matching funds.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**House Rider 145, Mobile Stroke Funding**

Prepared by LBB Staff, 04/25/2019

**Overview**

Amend Health and Human Services Commission (HHSC) House Rider 145, Mobile Stroke Unit Funding, to indicate the Legislature’s intent for HHSC to provide tissue plasminogen activator (tPA) for treatment of stroke in the Medicaid program.

**Required Action**

In the Special Printing to House Bill, on page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

145. **Mobile Stroke Treatment and Response Unit Funding.**

- (a) Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$500,000 in General Revenue in fiscal year 2020 and \$500,000 in General Revenue in fiscal year 2021 for the Health and Human Services Commission (HHSC) to provide funding for services provided by mobile stroke units.

- (b) It is the intent of the Legislature that, out of funds appropriated above in Strategies in Goal A, Medicaid Client Services, HHSC shall reimburse for tissue plasminogen activator (tPA) for treatment of stroke.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Hepatitis C Treatment Access**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Health and Human Services Commission (HHSC) Rider 94, Hepatitis C Treatment Access, to remove authority for HHSC to request approval to implement a bulk purchasing model for Hepatitis C treatment.

**Required Action**

On House page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

148. **Hepatitis C Treatment Access.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC), in cooperation with the Texas Department of Criminal Justice, Employees Retirement System, and Teacher Retirement System, shall explore the feasibility of implementing a model allowing the state to pay a flat monthly rate for unlimited access to medications or other bulk purchasing or negotiating opportunities to treat individuals with Hepatitis C who are eligible to have prescription drugs provided with state funds. HHSC shall prepare and submit a report on the cost-effectiveness and projected savings of implementing such a model to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than July 1, 2020. ~~If feasible the cost effective, HHSC, with prior written approval from the Legislative Budget Board and the Governor, may implement this model.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Regional Advisory Council Diversion Evaluation**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Health and Human Services Commission (HHSC) Rider 149, Regional Advisory Council Diversion Evaluation, to remove authority for HHSC to request approval to implement a regional advisory council diversion program.

**Required Action**

On House page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

149. **Regional Advisory Council Diversion Evaluation.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the feasibility of requiring trauma service area regional advisory councils to implement a program to allow emergency medical services providers to navigate medically stable psychiatric emergency detention patients to the most appropriate setting. As part of the evaluation, HHSC shall consider the potential for Medicaid cost savings and options for providing reimbursement to the regional advisory councils or emergency medical services providers with those savings. ~~If determined feasible and cost effective, HHSC, with prior written approval from the Legislative Budget Board and the Governor, may implement the program.~~ HHSC shall report to the Governor and the Legislative Budget Board on the results of the evaluation, including any recommendations ~~or implementation plans~~, no later than October 31, 2020.

By: \_\_\_\_\_

## **Health and Human Services Commission, Article II**

### **Proposed Rider Amendment**

### **Emergency Medical Services Enhanced Payment Model**

Prepared by LBB Staff, 05/09/2019

#### **Overview**

Amend House Health and Human Services Commission (HHSC) Rider 150, Emergency Medical Services Enhanced Payment Model, to remove authority for HHSC to implement an enhanced payment model for non-state government-operated public providers of ground emergency medical transportation services and add additional information to the required report.

#### **Required Action**

On House page II-94 of the Health and Human Services Commission bill pattern, amend the following rider:

150. **Emergency Medical Services Enhanced Payment Model.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall conduct a study on the feasibility and cost-effectiveness of establishing an enhanced payment model for non-state government-operated public providers of ground emergency medical transportation services, which includes Medicaid fee-for-service supplemental payments and an enhanced Medicaid Managed Care fee schedule for public ambulance providers. The report shall also include an analysis of any effect an enhanced payment model for non-state government-operated public providers of ground emergency medical services would have on Uncompensated Care Pool funding and whether providers eligible for the emergency medical services enhanced payment model should continue to be eligible for payments from the Uncompensated Care Pool. If HHSC determines that an enhanced payment model is feasible and necessary, and receives federal approval to operate such a payment model, HHSC may receive and expend any inter-governmental transfer funds that may be required to support the enhanced payments.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Substance Abuse Services Reimbursement Methodology**

Prepared by LBB Staff, 05/16/19

**Overview**

Amend House Rider 152, Study on Substance Abuse Treatment Services, to remove part of the reporting requirement.

**Required Action**

On House page II-95 of the Health and Human Services Commission bill pattern, amend the following rider:

152. **Study on Substance Abuse Treatment Services.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate the reimbursement methodology and payment rate for substance use treatment services provided under Strategy D.2.4, Substance Abuse Services. In its evaluation, HHSC shall consider best practices for each level of care. HHSC shall report its initial findings to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by November 1, 2020, and include in the ~~report recommendations to improve current payment rates for substance use treatment services.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Quality-based Enrollment Incentive Program**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend Senate Rider 154, Quality-based Enrollment Incentive Program, to require the Health and Human Services Commission to develop certain metrics for the incentive program and to report on the status of the incentive program by January 15, 2021.

**Required Action**

On Senate page II-95 of the Health and Human Services Commission bill pattern, amend the following rider:

**154. Quality and Efficiency-based Enrollment Incentive Program.** Pursuant to Government Code § 533.00511, the Health and Human Services Commission (HHSC) shall create an incentive program that automatically enrolls a greater percentage of Medicaid recipients who have not selected a managed care plan into a plan based on quality of care, efficiency and effectiveness of service provision, and performance. Appropriations in Strategy B.1.1, Medicaid Contracts & Administration, for fiscal year 2021 are contingent on HHSC implementing the required program by September 1, 2020. HHSC shall report on the status of the incentive program to the Governor and the Legislative Budget Board by January 15, 2021. The report shall include metrics for the incentive program that are transparent to managed care plans and providers in three areas: cost, quality of care and Medicaid member satisfaction.

By: \_\_\_\_\_

## Health and Human Services Commission

### Proposed Rider Amendment House Rider 158, Alternatives to Abortion

Prepared by LBB Staff, 05/16/2019

#### **Overview**

Amend House Rider 158, Alternatives to Abortion, to: align with funding decisions; provide the Health and Human Services Commission (HHSC) authority to transfer up to \$20,000,000 in General Revenue to Strategy D.1.2, Alternatives to Abortion; and require HHSC to submit a report about the Alternatives to Abortion program.

#### **Required Action**

On House page II-95 of the Health and Human Services Commission bill pattern, amend the following rider:

#### 158. **Alternatives to Abortion Program.**

(a) ~~Method of Financing. Notwithstanding any contrary provision of this Article, reduce the appropriations from the Temporary Assistance for Needy Families (TANF) program allocated to Strategy D.1.2, Alternatives to Abortion, for the state fiscal biennium ending August 31, 2021, to zero and increase the appropriations from the general revenue fund for Strategy D.1.2 by an amount equal to the amount reduced.~~

(a) **Transfer Authority.** Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, Article II, Special Provisions § 6, Limitations on Transfer Authority, Healthy and Human Services Commission (HHSC) Rider 97, Limitations on Transfer Authority, or any other transfer limitations in this Act, HHSC may transfer up to a total of \$20,000,000 during the biennium to Strategy D.1.2, Alternatives to Abortion, from any appropriated funds, if HHSC determines that there is a demand based on program utilization. Any funds transferred to Strategy D.1.2, Alternatives to Abortion, shall be spent on direct client services.

(b) **Unexpended Balances Authority within the Biennium:** Between Years within the State Fiscal Biennium, Notwithstanding any other provision of this Act, any unobligated and unexpended balances remaining as of August 31, 2020, in appropriations made to the Health and Human Services Commission for Strategy D.1.2, Alternatives to Abortion, are appropriated to HHSC for the same purpose for the state fiscal year beginning September 1, 2020.

(c) **Reporting Requirement.** HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board and the Governor no later than December 1 of each year:

- (1) total number of A2A providers, including subcontractors, by geographical region, and the total number of unduplicated clients served by each provider, by gender and age;
- (2) description of A2A outreach efforts by providers and HHSC;
- (3) total expenditures, by MOF;
- (4) total contract amounts by provider, including subcontractors; and
- (5) any outcome measures included in contracts with providers.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Information Technology and Data Services Modernization Plan**

Prepared by LBB Staff, 05/09/2019

**Overview**

Amend House Health and Human Services Commission (HHSC) Rider 164, Information Technology and Data Services Modernization Plan require HHSC to provide the report to the Governor and Legislative Budget Board, and post the report to the commission's website.

**Required Action**

On House page II-97 of the Health and Human Services Commission bill pattern, amend the following rider:

164. **Information Technology and Data Services Modernization Plan.** It is the intent of the legislature that, not later than ~~August 31, 2021~~ October 1, 2020, the Health and Human Services Commission, using money appropriated to the commission by this Act, prepare and submit to the ~~legislature~~ Governor. Legislative Budget Board. and post to the commission's website a 10-year system-wide plan outlining the manner in which the commission intends to transition its information technology and data-related services and capabilities into a more modern, integrated, secure, and effective environment. The plan must:

- (1) describe the commission's project management processes;
- (2) identify the resources required to implement the plan;
- (3) define the desired outcomes of the plan;
- (4) include:
  - (A) legacy system modernization or replacement;
  - (B) efforts toward server consolidation through the Department of Information Resources data center services program;
  - (C) a description of cloud computing service options; and
  - (D) an analysis of the commission's technical and data architecture that is necessary to provide enhanced data analytics, reporting, and performance management needs; and
- (5) describe the commission's approach to creating an automated, interoperable system-wide data analytics and performance management system that transforms data into meaningful information to support data-driven decision making, quality improvement initiatives, efficient service delivery, and effective regulation and oversight of programs administered by the commission.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Medicaid Waiver Program Interest List Study**

Prepared by LBB Staff, 05/16/2019

**Overview**

Add a rider requiring HHSC to conduct a study regarding interest lists for certain Medicaid waiver programs and to include strategies identified to reduce interest lists and measure outcomes in the Statewide IDD Strategic plan developed in relation to the annual Statewide Behavioral Health Strategic Plan required pursuant to Article IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Medicaid Waiver Program Interest List Study.**

(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in consultation and collaboration with the Intellectual and Developmental Disability System Redesign Advisory Committee established under Sec. 534.053, Government Code, shall conduct a study of interest lists or other waiting lists for the Home and Community-Based Services waiver, Community Living Assistance and Support Services waiver, Deaf-Blind Multiple Disabilities waiver, Medically Dependent Children Program waiver, Texas Home Living waiver, and STAR+PLUS.

(b) In conducting the study, HHSC shall consider:

- 1) The experiences of other states in reducing or eliminating interest lists for services available for individuals with an intellectual or developmental disability (IDD);
  - 2) Factors affecting the interest list for each waiver program for the five most recent state fiscal biennia, including significant policy changes impacting the interest list;
  - 3) Existing data on persons on the interest list for each waiver program, including demographics, living arrangement, service preferences, length of time on the interest list, and unmet support needs;
  - 4) Strategies that HHSC could employ to eliminate the interest list for each program in a manner that results in the provision of person-centered services in the most integrated setting, including strategies employed by other states and opportunities for additional federal funding; and
  - 5) Cost estimates to implement strategies for eliminating the interest list for each program.
- c) HHSC shall submit a report with the results of the study to the Legislative Budget Board and the Governor not later than September 1, 2020.
- d) HHSC shall update the Statewide IDD Strategic Plan developed in relation to the Statewide Behavioral Health Strategic Plan required pursuant to Article IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, to include short- and long-term goals, objectives, and strategies to address gaps in services for individuals with IDD, including strategies identified in the report submitted under subsection (c) of this rider, and to track the implementation of strategies to reduce interest lists and measure outcomes.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Intensive Behavioral Intervention**

Prepared by LBB Staff, 05/17/2019

**Overview**

Add a rider providing the Health and Human Services Commission authority to expend Medicaid appropriations for the purpose of providing intensive behavioral in the Medicaid program.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX.

**Intensive Behavioral Intervention. Contingent on the Health and Human**

**Services Commission (HHSC) adding intensive behavioral intervention (IBI)**  
**as a Medicaid benefit for persons under age 20 with a diagnosis of Autism**

**Spectrum Disorder, HHSC may expend funds appropriated above in Strategy**

**A.1.5, Children, to reimburse for provision of IBI services.**

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Electronic Visit Verification**

Prepared by LBB Staff, 05/09/2019

**Overview**

Add rider to require the Health and Human Services Commission to explore options to reduce costs associated with electronic visit verification requirements.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Electronic Visit Verification.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall, in an effort to reduce the fiscal impact of rate increases for Consumer Directed Services (CDS) and ensure the best value for CDS clients, pursue opportunities to receive more favorable pricing, including through bulk purchasing, to assist CDS clients in purchasing necessary equipment to comply with electronic visit verification requirements.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Graduate Medical Education**

Prepared by LBB Staff, 05/07/2019

**Overview**

Amend Health and Human Services Commission Rider 8/7, Graduate Medical Education, to clarify that Appropriated Receipts – Match for Medicaid No. 8062 shall be the only source of funds used for the non-federal share for Medicaid Graduate Medical Education for state-owned teaching hospitals.

**Required Action**

On House page II-49/Senate page II-49 of the Health and Human Services Commission bill pattern, amend the following rider:

**8/7. Graduate Medical Education.** The Health and Human Services Commission may expend Appropriated Receipts - Match for Medicaid No. 8062 and matching Medicaid Federal Funds appropriated in Strategy A.4.1, Non-Full Benefit Payments, for Graduate Medical Education payments to state-owned teaching hospitals, contingent upon receipt of allowable funds from state-owned teaching hospitals to be used as the non-federal share for Medicaid Graduate Medical Education. Appropriated Receipts - Match for Medicaid No. 8062 shall be the only source of funds used for the non-federal share for Medicaid Graduate Medical Education payments for state-owned teaching hospitals, and the Health and Human Services Commission shall develop a payment methodology for Medicaid Graduate Medical Education payments to state-owned teaching hospitals.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Contingency for Senate Bill 750**

Prepared by LBB Staff, 05/09/2019

**Overview**

Prepare a rider to align funding at the Health and Human Services Commission contingent upon enactment of Senate Bill 750.

**Required Action**

On page II-XX of the bill pattern for the Health and Human Services Commission, add the following new rider:

XX. Contingency for Senate Bill 750. Contingent on enactment of Senate Bill 750, or similar legislation relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission is appropriated \$1,029,200 for fiscal year 2020 and \$13,643,638 for fiscal year 2021 from General Revenue in Strategy D.1.1, Women's Health Programs, to implement a limited postpartum care package in the Healthy Texas Women program.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider Amendment**  
**Efficiency of Substance Abuse Services**

Prepared by LBB Staff, 05/13/2019

**Overview**

Add a rider requiring the Health and Human Services Commission to develop a proposal to improve the efficiency of administering substance abuse treatment services and to expand capacity of substance abuse treatment services.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. **Proposal to Enhance Efficiency of Substance Abuse Treatment Services.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall develop a proposal to improve the efficiency of administering substance abuse treatment services and expand the capacity of substance use treatment services provided in Strategy D.2.4, Substance Abuse Services. HHSC shall consider best practices in substance abuse treatment and seek to streamline financial and contracting functions related to substance abuse treatment for indigent and/or applicable grant-funded services. HHSC shall consult with current substance use treatment providers, relevant trade organizations, other Single State Agencies (SSA) for Substance Abuse Services, the HHSC Behavioral Health Advisory Committee, and the Statewide Behavioral Health Coordinating Council in developing the proposal. HHSC shall submit a report detailing the proposal to Governor, Legislative Budget Board, and the permanent standing committees in the Senate and the House of Representatives with primary jurisdiction over health and human services by December 1, 2020.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Texas Information and Referral Network Improvements**

Prepared by LBB Staff, 05/10/2019

**Overview**

Add a rider identifying funding at the Health and Human Services Commission for improvements to disaster response capabilities, system integration, data transparency, and effectiveness within the 2-1-1 Texas Information and Referral Network.

**Required Action**

1) On page II-XX of the Health and Human Services bill pattern, add the following rider:

**XX.**

**Texas Information and Referral Network Improvements.** Included in amounts appropriated above in Strategy 1.2.1, IT Oversight & Program Support, is \$150,000 in All Funds in fiscal year 2020 and \$25,000 in All Funds in fiscal year 2021 to be used by the Health and Human Services Commission (HHSC) to improve disaster response capabilities, system integration, data transparency, and effectiveness within the Texas Information and Referral Network's 2-1-1 Help Line System. Improvements shall include interstate agreements designed to improve disaster response; technology enhancements, such as texting and web-based chat capabilities; real-time data transparency solutions, such as 2-1-1 Counts or similar programs; and measures designed to connect specialized populations with available state and local services. HHSC shall submit a report on improvements made to the 2-1-1 Help Line System to the Legislative Budget Board and the Governor, and shall post the report to HHSC's website no later than December 1, 2020.

By: \_\_\_\_\_

## Health and Human Services Commission, Article II

### Proposed Rider Medically Dependent Children Program

Prepared by LBB Staff, 05/16/2019

#### Overview

Amend House Rider 23/Senate Rider 18, Medically Dependent Children Program, to remove language regarding program enrollment.

#### Required Action

On House page II-54/Senate page II-52 of the Health and Human Services Commission bill pattern, amend the following rider:

23/18. **Medically Dependent Children Program.** Appropriations above in Strategy A.1.1, Aged and Medicare-Related; Strategy A.1.2, Disability-Related; and Strategy A.1.5, Children, include funding for Medically Dependent Children Program (MDCP) waiver services and Youth Empowerment Services (YES) waiver services for clients enrolled in the STAR Kids program. These appropriations may not be construed as creating an entitlement to waiver services. ~~The Health and Human Services Commission is not authorized to increase enrollment in the MDCP program above 5,480, as identified in Rider 1, Performance Measure Targets, Average Number of Individuals Served per Month: Medically Dependent Children Program, or to increase enrollment in the YES Waiver above 1,450.~~

By: \_\_\_\_\_

**Health and Human Services Commission, Article II**  
**Proposed Performance Measure**  
**YES Waiver**

Prepared by LBB Staff, 05/17/2019

**Overview**

Add new key outcome measure and targets to record the average number of individuals served in the Youth Empowerment Services waiver program per month.

**Required Action**

On House page II-38/Senate page II-38 of the Health and Human Services Commission bill pattern, amend Rider 1, Performance Measure Targets, to add the following new key outcome measure:

**A. Goal: MEDICAID CLIENT SERVICES**

**Outcome (Results/Impact):**

<u>Average Number of Individuals Served per Month:</u>	<u>1,450</u>	<u>1,450</u>
<u>Youth Empowerment Services (YES) Waiver Program</u>		

By: \_\_\_\_\_

**Other Appropriation Authority, Article IX**  
**Proposed Rider**  
**Employee Meal Authorization**

Prepared by LBB Staff, 05/10/2019

**Overview**

Amend Article IX, Section 8.11, Employee Meal Authorization, to permit the Health and Human Services Commission to reimburse employees at state supported living centers and state hospitals for meals under certain situations.

**Required Action**

On House page IX-43 of the Article IX bill pattern, amend the following rider:

Sec. 8.11. **Employee Meal Authorization.** State agencies providing institution-based services, including the Texas Department of Criminal Justice, the Health and Human Services Commission, the Department of State Health Services, the Texas Juvenile Justice Department, the Texas School for the Blind and Visually Impaired, and the Texas School for the Deaf, may provide meals to employees working in institutional settings, including reimbursing employees of state supported living centers and state hospitals who are required to eat when with individuals served during an off-campus event, and may charge an amount established by the agencies to reimburse the direct and indirect costs of preparation.

By: \_\_\_\_\_

**Special Provisions, Article II**  
**Proposed Amended Rider**  
**Foster Care Rate Methodology**

Prepared by LBB Staff, 05/13/19

**Overview**

Amend rider to authorize the Health and Human Services Commission to cooperate with the Department of Family and Protective Services and a third party contractor to review and evaluate the foster care rate methodology.

**Required Action**

On page II-111 of the Article II, Health and Human Services Agencies, Special Provisions bill pattern, add the following rider:

Sec 32. Foster Care Rate Methodology. (a) Evaluation. Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy L.1.1, HHS System Supports Enterprise Oversight and Policy, and in consultation with the Department of Family and Protective Services (DFPS), HHSC shall evaluate the methodology for establishing foster care rates to determine whether there is an alternative methodology that would increase provider capacity capable of delivering appropriate and evidence-based services, incentivize quality improvements, and maximize the use of federal funds. HHSC shall also evaluate cost-reporting requirements to identify opportunities to streamline reporting and ensure necessary information is included to support any alternative foster care rate methodology. HHSC may contract for the evaluation with a third party who has demonstrated capacity to develop residential child care rates and risk-based contracting in child welfare settings. HHSC and DFPS shall allow stakeholders the opportunity to provide input on the alternative rate methodology.

If an alternative is identified, HHSC and DFPS may implement the revised methodology if doing so would not increase General Revenue expenditures for foster care payments in Strategies B.1.9, Foster Care Payments; ~~and B.1.12, Community-based Care Payments.~~

(b) Rate Methodology. It is the intent of the legislature that HHSC consider the following in evaluating a new rate methodology as outlined in subsection (a):

(1) Accounting for differences in the individualized needs of children as determined by a best practice needs assessment tool capable of predicting foster care costs reliable enough to inform rate setting, such as the Child and Adolescent

Needs and Strengths (CANs) Assessments;

(2) Accounting for regional variation in costs, including differences in the individualized needs of children served in different regions and locally competitive wages to recruit and maintain qualified staff;

(3) Incentivizing placing children in the least restrictive environment that can best meet their needs;

(4) Maximizing the use of high-quality intensive home and community-based services;

(5) Maximizing the efficient and effective use of federal funds to improve capacity and address gaps in care, including:

(A) Increasing access to current Medicaid benefits such as mental health rehabilitation and targeted case management services;

(B) Identifying Medicaid benefits offered in other states for foster youth that decrease hospitalization and lower costs; and

(C) Improving reporting and tracking of data to maximize Title IV-E Reimbursements;

(6) Incorporating a viable and sustainable methodology for Community-based Care (CBC) rates, based on best practices and the experiences of other states;

(7) Providing opportunities, at least semi-annually, to adjust the rates based on demonstrated fluctuations across CBC regions and population needs;

(8) Including risk mitigation strategies that balance the risk to the state with the need to attract and maintain viable Single Source Continuum Contractors for each CBC region, such as time-limited risk corridors; and

(9) Being consistent with actuarially sound rate development principles to the fullest extent possible.

(c) Cost Reports. It is the intent of the legislature that HHSC consider the following in evaluating the cost reports as outlined in subsection (a):

(1) Eliminating reporting requirements that are not required by state or federal law and are not currently being used by HHSC or DFPS to set rates;

(2) Adding detail where needed to align rates paid with the quality and intensity of services across levels of care; and

(3) Including additional or modified reporting requirements necessary to support implementation of any alternative rate methodology.

(d) Not later than September 1, 2020, HHSC and DFPS shall report on the evaluation of the methodology and cost-reporting requirements to the Governor, Lieutenant Governor, Speaker of the House, Chair of the Senate Finance Committee, Chair of the House Appropriations Committee, permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and the Legislative Budget Board.